



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number</p> <p>2. Committee Name <b>Committee to Elect Sonya Epley</b></p>		<p>3. This Statement covers From: <u>3 12 2004</u> To: <u>5 29 2004</u> Mo Day Year Mo Day Year</p>	
<p>4. Candidate Last Name <b>Epley</b> First Name <b>Sonya</b> M.I. <b>K</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Fitzgerald Board of Education</b></p> <p>4b. County of Residence <b>Macomb</b> Driver License # (Optional)</p>		<p>5. Committee's Mailing Address <b>20834 Atlantic Warren, Mi. 48091</b></p> <p>Area Code and Phone <b>586-427-4800</b></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	
<p>6. Treasurer's Name &amp; Residential Address <b>Sonya Epley</b> <b>20834 Atlantic Warren, Mi. 48091</b></p> <p>Area Code &amp; Phone <b>(586) 427-4800</b></p> <p>Driver License # (Optional)</p>		<p>7. Treasurer's Business Address <b>NA</b></p> <p>Area Code and Phone ( )</p>	
<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>NA</b></p> <p>Area Code and Phone ( )</p> <p>Driver License # (Optional)</p>		<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input checked="" type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>6 14 2004</u> Month Day Year</p>	
<p>9c. <input type="checkbox"/> Annual Statement ( Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>		<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Current Treasurer or Designated Record Keeper <b>Sonya Epley</b> Date <u>6 3 2004</u> Type or Print Name Signature Mo Day Year</p> <p>Candidate <b>Sonya Epley</b> Date <u>6 3 2004</u> Type or Print Name Signature Mo Day Year</p>			



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 10000002. Committee Name Committee to Elect Sonya Epley

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>\$918.77</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>—</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$918.77</u>	(18.) \$ <u>918.77</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$918.77</u>	(20.) \$ <u>918.77</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ <u>—</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$918.77</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$918.77</u>	(23.) \$ <u>918.77</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>—</u>	(24.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>918.77</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>918.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>918.77</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.

CFR Rev 7/1998c-sum

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE  
Bureau of ElectionsITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137216

2. Committee Name

Committee to Elect Sonya Epley

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Michael Ciofu Address: 21614 Masch Warren, Mi. 48091 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$50.00	\$50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Sonya Epley Address: 20834 Atlantic, Warren, Mi. 48091 5. If over \$100.00 cumulative, please provide: Occupation Teacher Employer Franklin-Wright Settlements Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$868.77	\$868.77
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$918.77	\$918.77

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 137216  
2. Committee Name Committee to Elect Sonya Epley

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Fitzgerald Public Schools</u> Address <u>23200 Bryan Rd, Warren, Mi. 48091</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Registered Voter List</u> Expenditure Code <u>CO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/12/04</u>	<u>\$15.80</u>
Expenditure #2 Name <u>Office Max</u> Address <u>26475 Hoover Warren, Mi. 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Materials for fliers</u> Expenditure Code <u>OE/PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/3/04</u>	<u>\$28.59</u>
Expenditure #3 Name <u>Cosco</u> Address <u>Roseville, Mi.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink for Printer</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/4/04</u>	<u>\$74.19</u>
Expenditure #4 Name <u>Screen Print Enterprises</u> Address <u>3811 E. Ten Mile Road Warren, Mi. 48091</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/5/04</u>	<u>\$596.25</u>
Expenditure #5 Name <u>United States Post Office</u> Address <u>Warren, Mi.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/04</u>	<u>\$148.00</u>

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

\$862.83

\$918.77

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page 1 of 2

Authority granted under P.A. 388 of 1976

CFR Rev 7/1998c-1b



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 1372162. Committee Name Committee to Elect Sanyia Eple

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Office Depot</u> Address <u>29040 VanDyke</u> <u>Warren, Mi. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fliers</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/10/04</u>	<u>\$4.82</u>
Expenditure #2 Name <u>Wal-Mart</u> Address <u>VanDyke</u> <u>Warren, Mi. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink for fliers</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/04</u>	<u>\$32.05</u>
Expenditure #3 Name <u>Cosco</u> Address <u>Roseville, Mi.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink for fliers</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/20/04</u>	<u>\$19.07</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

\$55.94\$918.77

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES